

Information for Self-Insured Employers on the Kansas Workers Compensation Act

Please note, K.S.A. 44-5, 101(7)(b) provides “No policy or contract of workers compensation insurance, no self-insurance permit, and no renewal of any such policy, contract or permit shall be issued or delivered to an employer of this state unless a copy of the materials prescribed pursuant to subsection (a) accompanies the policy, contract, permit or renewal certificate.”

In compliance with K.S.A. 44-5, 101, and K.A.R. 51-13-1, enclosed for your use are materials identified as follows:

- A. K-WC 25---- Employers’ and Employees’ Handbook
- B. K-WC 250 -- Employers’ and Employees’ Handbook (Spanish Version)
- C. K-WC 27---- Important Information for Injured Employees
- D. K-WC 270 -- Important Information for Injured Employees (Spanish Version)
- E. K-WC 40---- Posting Notice (Must be posted advising employees of Workers Compensation Act.)

K.S.A. 44-5, 102, provides, “(a) immediately on receiving notice of injury to or death of an employee, the employer shall mail or deliver to the employee or legal beneficiary a clear and concise description of:

1. the benefits available under the Workers Compensation Act;
2. the process to be followed in making a claim for benefits;
3. the identification of the person, firm or organization directly responsible for responding to and processing a claim for workers compensation benefits;
4. the responsibilities of the self-insured employer, insurance company or group-funded self-insurance plan;
5. the assistance available from the office of the Director of Workers Compensation; and
6. the address and a toll-free telephone number that will facilitate access to the assistance available from the director’s office.”

In order to facilitate notification to the employees, items “C” and “D” above have been prepared for distribution. Regulation 51-13-1 mandates that employers operating under the Workers Compensation Act shall **post notices advising employees what to do in case of injury**. Item “E” above is a copy of the K-WC 40, Posting Notice developed for your use.

Additional copies of each of the aforementioned materials are available from our office. For additional informational material, please submit a written request to our office. Your order will be sent to you as soon as possible.

DIVISION OF WORKERS COMPENSATION
KANSAS DEPARTMENT OF LABOR
800 SW JACKSON ST STE 600
TOPEKA KS 66612-1227

You have the option to reproduce the material; *however, the text of the forms shall not be changed.*

If you have further comments or questions, please call 785-296-3606.